



WATER QUALITY PARAMETERS AND SOURCE WATER REPORTING

State Form 53292 (6-07)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

Please submit to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

PWSID:		Public Water System Name:							
I N									
Point-of-Entry (POE):		Public Water System Contact Person:						Contact Phone Number:	
Certified Lab ID:		Certified Laboratory Name:							
C -									
Lead & Copper Action Level Exceedance Date (MM/DD/YY):		Lab Contact Person:						Contact Phone Number :	
		Lab Report Number:				Lab Received Date (MM/DD/YY):		Number of Distribution Sites required:	

	Location # (2 Sets/each)	Sample Date (MM/DD/YY)	Sample Location (Describe briefly)	Lab Sample ID	Calcium (mg/L)	Conductivity (umhos/cm)	pH	Alkalinity (mg/L)	Temperature (oC)	Orthophosphate or Silicate (if added)
Distribution Sites	#1 - Set 1									
	#1 - Set 2									
	#2 - Set 1									
	#2 - Set 2									
	#3 - Set 1									
	#3 - Set 2									
Point-of-Entry	#1 - Set 1									
	#1 - Set 2									
	#2 - Set 1									
	#2 - Set 2									

Source Water Lead & Copper Results (@POE in mg/L):

Lead

Copper

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I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: _____ Date: ____/____/____ Reviewed by: _____